21503 55228	31934 8			ate of Ne		r's Mo	otor	Vel	hicl	e A	ccid	er	nt Re	eport	,	Shee	et _1	of	2
2	Total Nu		Tustifice 4.40 Case DE 072274								I	HIT & RUN	l .	INVESTIGATION MADE AT SCENE?					
A/1	of Vehic		140 No. B5-072274								(In Mil	_	XYES NO STATE USE ONLY			1			
01	OF ACCIDENT		0/2015 STATE USE CON 1																
A/2	PLACE	COUNTY		Lancaster Police Notified 2246															
В	ACCIDENT	CCIDENT CITY Lincoln											PRIVATE	0 0	08/12/2015				
75	ROAD O		H STREET/ ONE-WAY YES							YES NO	LATITUDE								
c_	ACCIDENT		JRRED HIGHWAY NO. JEHNHER OT						STREET?				LONGITUDE			-			
5	MILEPO		MILEPOST							IF NOT AT INTERSECTION									
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY						X >FE	EET C	MILES	N S	E		T, BRIDGE	T, BRIDGE, RAILROAD CROSSING					
							12	5.00			X JENNIFER C				ΓEAST CURB				
∨1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEARE						REST TOWN					1							
V2/M	MILES			N S E	W AND	S ES		N	S E		TY OR TOV								
20	R. work	R1	R2	R3 R4		DESTRIAN	S1	S2	S3	S4 S	5-a S5-b	S6-a	s S6-b	DOES ACCID					
E 1	ZONE CODES	ZONE CODES 1 CLASSIFICATION CODES								JAILE DEF				: OF ROADS' PROPERTY?					
1								VE	HICLE	NO. 1									1
^F 1	DRIVER LICENSE	I	NO.											STATE (Of License)		sı		FEMALE MALE	
V1/N	DRIVER										PHONE				LOCAL N	D.		<u></u>	
1	DRIVER ADDRE	RIVER ADDRESS CITY, STATE, ZIP DATE OF											V1/1						
V2/N 1	OWNER											19							
G G	OWNER ADDRE		V1/2											V1/2					
2	OWNER ADDRE		DENDING THE										V1/3						
Н	LICENSE PLATE	ı	NO.	046533	3								YEAR ate Expires)			STA (Of P		ΑZ	
5	VEHICLE		Y	'EAR	MAKE		MODEL			BODY S	TYLE		COLOR	E	STIMATED I		E		V1/4
V1/O 5	VEHICLE ID	LE ID INS						INSURANCE COMPANY						V1/5					
V2/O	NO. (VIN) TOWED TO		TOWED BY POLICY NO.									19							
2								\/E	HICLE	NO 2									V1/6 25
1	DRIVER							VE	HICLE	NO. 2				STATE				FEMALE	
V1/P	LICENSE NO. DRIVER							PHONE				(Of License)	SEX MALE			-			
8	LEGALLY PARKED									V2/1									
V2/P	BIRTH (MM / DD / YYYY)										18 V2/2								
8 J	SUSAN J HALSTED PHONE 402-450-1191								Э.										
01	OWNER ADDRESS CITY, STATE, ZIP 1037 JENNIFER CT, LINCOLN, NE 68521					'	CITATION YES PENDING X NO				CITATION NO.								
V1/Q	LICENSE PLATE	D.4	NO.	SKW402								Τ'	YEAR ate Expires)	2015		STA	TE	NE	V2/4
4		YEAR			MAKE		MODEL			BODY S		(1 16	COLOR	 E	STIMATED I	DAMAG	E .		
V2/Q 3	VEHICLE ID	<u> </u>	2011 Toyota SXM						Mini van red				TOTALED \$ 2500				V2/5 18		
К	NO. (VIN)	511	DDK3DC5BS015238						FARMERS INS (20						
01	1940676													25					
Complete this section for all injured perso (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)				Seat Position	2 Eject	Body Region	Injury Sev. Trai	SEX				
VEH. #	NAME	(00	<i>p</i> · · · · ·			ADDRESS			,				<u> </u>		Position	<u> </u>	rtegioi	J. Sev.	
LOCAL NO. MEDICAL FACILITY NAME							EMS SERVICE NAME						EMS RU	EMS RUN REPORT NO.					
VEL # NAME ADDRESS																			
VEH. # NAME			AUURESS																
	LOCAL NO.		MED	DICAL FACILITY	NAME				EMS SE	RVICE NA	ME				EMS RU	N REPO	ORT NO.		
VEH. #	NAME					ADDRESS			1			Т							
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN								JN REPORT NO.											

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS											
	TS NCY CASE NO.										
			BY DIAGRAM WHAT HAP		-072274						
Indicate North											
by Arrow											
	20.			N N	Not	To Scale					
X	2 x		$\left(\begin{array}{c} -1 \\ -1 \end{array} \right)$	Jennifer	Ct (East c	the East curb of urb of cul-de-sac) he North curb of er Ct					
Jennife ▼	r Ct										
					•						
Witness heard a collision a	DESCRIPT and looked out of his house		BASED ON OFFICER'S I		e witness fol	lowed the U-Haul					
12th St. Witness obtained	approx 25yoa with a shave the license plate number of the damage on the driver side	the U-Haul. Ofc is	working with U-Haul to ol			_					
OBJECT DAMAGED	OWNER NAME	ADDRESS	i	PHONE		APPROX. COST OF DAMAGE					
OBJECT DAMAGED	OWNER NAME	ADDRESS		PHONE		APPROX. COST OF DAMAGE					
NICHOLAS L JONE	ES 1001 JENNIFER C	T, LINCOLN, N			40	2-802-1250					
NAME		ADDRESS			PHON	IE					
VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMP		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL	VEH 0 VEH 0					
VEH NO. N S E W ROAD OR HIGHWAY NAME	MOST DAMAG (Enter numbers for	I	VEHICLE I	VERICLE I	OCCUPAN	13 1 2					
1 X JENNIFER		VEHICLE 2	-		TESTING	No. 1 No. 2 trian					
2 X JENNIFER	POINT OF 02	POINT OF		1 None used - vehicle occupar	ALCOHOL LEVEL TESTED	Y Y Y Y N X N					
	MOST	MOST_	1 Deployed - front 2 Deployed - side	2 Lap & shoulder belt used 3 Shoulder belt only used	BAC LEVEL						
1 01 06 Turning left 07 Making U-tu	1 4554 00	DAMAGED AREA	3 Deployed - both front/side4 Not deployed5 Not applicable/	4 Lap belt only used 5 Child safety seat used 6 Child booster seat used	ALCOH	OL/ Driver Driver No. 1 No. 2					
2 08 Entering traffic lane	00 None 02	03 04	No airbag available 6 Unknown	7 DOT approved helmet used 8 Costume helmet used	DRU(SUSPE						
01 Essentially 09 Leaving straight ahead traffic lane 02 Backing 10 Parked	09 Top & windows 10 Undercarriage 01 -	7 - 05	VEHICLE 2	9 Restraint use unknown VEHICLE 2	1	alcohol nor drugs suspected					
02 Backing 10 Parked 03 Changing lanes 11 Slowing or stopped in the passing 04 Overtaking/ Passing 12 Other 05 Turning right 13 Unknown	11 Total (all areas)	07 06	-	-	2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown						
OFFICER NO.	TROOP/ TEAM/ BEAT 4	DEPARTM	DIN Police Departme	nt	Photographs YES taken? X NO						
INVESTIGATOR NAME (Print or Type) Chris Howard	DE/II	INVESTIGATOR SIGNA	<u> </u>		DATE OF 08/12/2015						
Cilis Howard		Approved by	Officer Critis Flowa	REPORT 06/12/2015							